

REQUEST FOR AND APPROVAL OF PERSONNEL ACTIONS

I. PERSONAL DATA			
Last Name First Name Middle Initial	CAPSN	Grade	Charter Number
Duty Assignment	Wing	Unit Name	
II. DUTY ASSIGNMENT/STATUS CHANGE (CAPR 35-1)			
FROM: _____ TO _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Duty Title/Status) (Duty Title/Status) </div>			
Supply officers must complete information on reverse.			
III. AWARD OF ACTIVITY AND SERVICE RIBBONS (CAPR 39-3)			
<input type="checkbox"/> AWARD ACTIVITY AND SERVICE RIBBON CHECKED BELOW: <input type="checkbox"/> AWARD OF CLASP (For additional award)			
<input type="checkbox"/> Command Service Ribbon	<input type="checkbox"/> National Cadet Competition Ribbon	<input type="checkbox"/> Cadet Orientation Pilot Ribbon	
<input type="checkbox"/> Red Service Ribbon	<input type="checkbox"/> National Color Guard Ribbon	<input type="checkbox"/> Counter drug Ribbon	
<input type="checkbox"/> "Find" Ribbon	<input type="checkbox"/> Cadet Advisory Council Ribbon	<input type="checkbox"/> Encampment Ribbon	
<input type="checkbox"/> Air Search and Rescue Ribbon	<input type="checkbox"/> Cadet Community Service Ribbon	<input type="checkbox"/> Recruiter Ribbon	
<input type="checkbox"/> Disaster Relief Ribbon	<input type="checkbox"/> Cadet Special Activities Ribbon	<input type="checkbox"/> A. Scott Crossfield Award	
<input type="checkbox"/> IACE Ribbon	Other (Specify) _____		
IV. TRANSFER (CAPM 39-2)			
FROM: _____ TO _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Charter Number) (Charter Number) </div>			
NOTE: The gaining unit commander should initiate the transfer form. The losing unit commander has 60 days after the transfer action appears on the Monthly Membership Listing to notify HQ CAP/LMM if he/she disapproves of the transfer for any reason. In such cases, the transfer will be voided and the member returned to the losing unit.			
V. RETIREMENT (CAPR 39-1)			
The above named individual is eligible for retirement from Civil Air Patrol in accordance with CAPR 35-1. His/her period of CAP service is indicated below (if this period of service is not continuous, please explain in the remarks section).			
FROM: _____ TO _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Date) (Date) </div>			
VI. REMARKS (use reverse side of form if additional space is required)			
I certify that all pertinent directives have been complied with and that this action is in the best interest of Civil Air Patrol.			
Unit Charter No.	Signature of Requester	Typed Name and Grade of Requester	
APPROVED	Signature of Flight/Squadron Commander	Flight/Squadron	Date
APPROVED	Signature of Group Commander	Group	Date
APPROVED	Signature of Wing Commander	Wing	Date
APPROVED	Signature of Region Commander	Region	Date

VI. REMARKS (Continued)

Transfer of Property Responsibility

"We the undersigned officers of the Civil Air Patrol jointly certify that to the best of our knowledge and belief, all CAP property in the possession of _____ (Unit Number) is properly accounted for in accordance with CAPR 67-1 and applicable supplements thereto."

Signature, Grade and Date

Signature, Grade and Date

Print Name
Outgoing Supply Officer

Print Name
Incoming Supply Officer